Thriving people,
healthy communities

NHS
Airedale
NHS Foundation Trust

Our Strategy

2026 to 2030

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"We really value our people and recognise that getting things right for them puts us significantly on the road to success.

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Foreword

This refreshed Strategy sets out the Trust's direction of travel and priorities for the next five years, 2026 to 2030. In doing so it provides a guide for our planning, decision making and delivery at every level.

As momentum around the NHS 10 Year Plan continues, we have been reviewing with our patients, people, stakeholders and communities what all of this means for us, how locally we can meet the national expectations of the three shifts from hospital to community; from analogue to digital; from sickness to prevention; and what progressing these means.

The NHS is currently facing significant pressure through rising levels of demand and higher acuity, whilst at the same time operating within a financially challenged environment.

We therefore have a significant but exciting period ahead of us, both to respond to these challenges and at the same time to ensure we keep our Trust progressing forward. We start on the next phase of our journey in pursuit of our key aims which are set out in this Strategy.

We have a great opportunity to be bold and ambitious. As a rural District General Hospital and community services provider, part of the established local health and care system and an anchor organisation in our communities, we want to progress being at the forefront of service delivery, transforming and improving delivery of compassionate, high quality, sustainable care.

Our strategic intent and commitment to partnership working as an integrated provider of acute and community services has served us well to date and given us solid foundations to work on as we look to further strengthen this. This includes the recent local development of the Bradford District and Craven Health, Care and Wellbeing Strategy, with its emphasis on Integrated Neighbourhood Health and Integrated Acute Care, together with the West Yorkshire Association of Acute Trusts service priorities.

Reflecting the ambition, we are progressing forward with three significant programmes of work, the delivery and optimisation of a new Electronic Patient Record, the management of the Reinforced Autoclaved Aerated Concrete (RAAC) estate to ensure we can continue to provide the full range of our current service base, and the development of a new hospital.

We also recognise there are some things we need to reenergise and progress if we are to achieve our aims. As with the previous Strategy, there is a significant emphasis in this regarding our people. We really value our people and recognise that getting things right for them puts us significantly on the road to success. We are ambitious and want an energetic, thriving workforce, where creativity, innovation and development allow us to keep moving forward and are reflective of a great place to work. Alongside this, we must ensure we grow a respectful, inclusive and anti-discrimination culture.

All of this is set against being true to our responsibilities, such as accounting for our use of public money, ensuring the needs and priorities of our population are appropriately considered and that in doing so we are actively addressing the health inequalities that exist in our population.

We remain committed to wanting our people to thrive in providing great services and care, ultimately leading to healthy communities. By approaching our work in this way, this is how we will ensure we provide the best service offer possible for our population.

Sarah Jones
Chair

'Foluke Ajayi
Chief Executive

About
The Trust

Airedale NHS Foundation Trust is an award winning NHS acute and community services Trust, providing high quality, personalised, acute, elective, specialist and community care. We serve a population of over 200,000 people from a widespread area covering 700 square miles within Yorkshire and Lancashire.

Our catchment population stretches as far as the Yorkshire Dales and the National Park in North Yorkshire, reaching areas of North Bradford and Guiseley in West Yorkshire and extending into Colne and Pendle in the East of Lancashire. Our local population is very supportive of the Trust and our level of community engagement is testament to this. Our communities and location strongly shape the priorities of the Trust.

We employ some 4,000 staff and have over 350 committed volunteers. On an annual basis we treat over 21,000 inpatients and over 155,000 outpatients. Our Emergency Department sees approximately 75,000 patients and over 1,800 babies are born at Airedale Hospital each year.

We provide services from our main hospital site, Airedale Hospital, and at other locations across the community – such as Castleberg Hospital near Settle, Coronation Hospital in Ilkley and Skipton Hospital.

As well as being an individual provider organisation, we are part of the Bradford District and Craven Health and Care Partnership, the West Yorkshire Association of Acute Trusts and the West Yorkshire Integrated Care System, providing a collaborative approach to managing health and care collectively with a number of different organisations.

Our partnership work is focussed on delivery of the priorities agreed in the Bradford District and Craven Health, Care and Wellbeing Strategy and West Yorkshire Association of Acute Trusts' Strategy.

Our approach set out here is therefore designed to fit with operating both as an individual organisation and collectively as part of a wider system.

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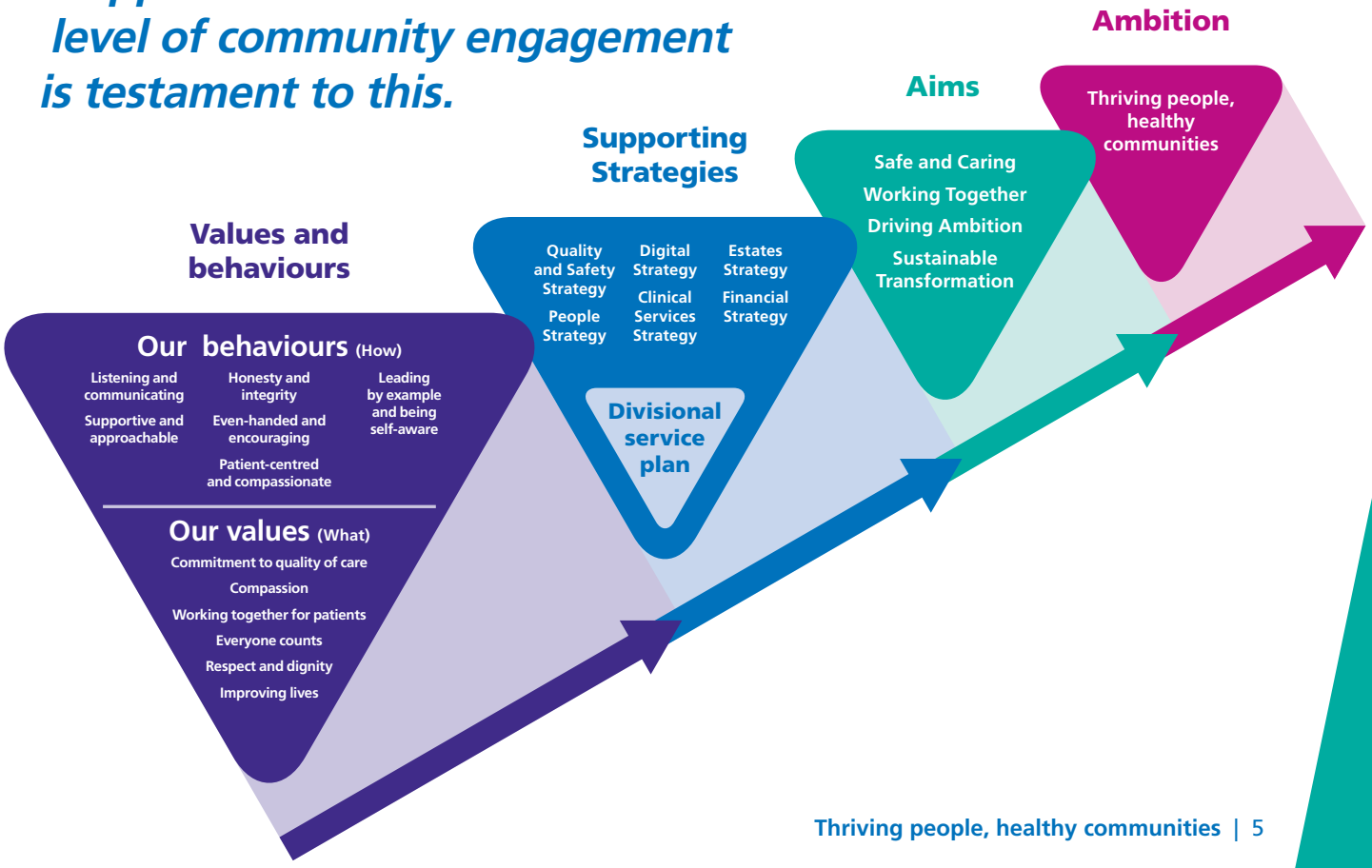
Our Strategy

We have taken time to consider what the key themes and priorities are for us in the next five years. To test these out, we have utilised a number of engagement opportunities, such as workshops, presentations and using a number of online surveys.

We have sought feedback from a wide range of stakeholders and received a very positive and helpful set of responses, providing a voice on helping to shape our future direction. The feedback collated from this engagement was reviewed and informed the production and publication of this Strategy.

Through effective communication, we shall promote the key messaging. As with the 2020 to 2025 version, as well as the publication itself being widely available, this shall include promotional visuals, be established in business processes and be reviewed for progress at set intervals.

> ***Our local population is very supportive of the Trust and our level of community engagement is testament to this.***



Our Partnership Working

Joint Strategic Ambition Statement

Airedale NHS Foundation Trust (ANHSFT), Bradford District Care NHS Foundation Trust (BDCFT) and Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) have established a strong foundation of partnership working and collaboration across Bradford District and Craven (BDC). Over the last decade, we have worked on joint clinical pathways, shared improvement initiatives and collaborative programmes to integrate services and demonstrate what we can achieve to improve value and outcomes for our patients when we act as one system. We are proud of this progress and are committed to building on it and going further. This commitment is underpinned by a shared set of values across our three organisations, including a focus on improving outcomes for our population, reducing health inequalities, working collaboratively, and using public resources responsibly.

These shared principles provide the foundation for how we lead, make decisions and work together as a system. This strategic ambition is therefore a commitment to deepen our organisational collaboration and integration that will help inform each of our respective corporate strategies for the next five years.

This ambition is also firmly aligned with "Fit for the Future", the UK Government's 10-Year Health Plan for England (published July 2025), which sets a clear direction for reform through three long-term shifts: moving care from hospitals into communities, transitioning from analogue to digital ways of working, and placing a stronger emphasis on prevention.

Our shared approach across BDC reflects these national priorities, translating them into practical, place-based action that improves outcomes, experience and sustainability for our population.

Over time, this direction of travel also aligns with emerging national thinking on more integrated delivery models, such as Integrated Health Organisations, while recognising that Bradford District and Craven is at an early stage of this journey.

Over the next five years, we will strengthen our collaboration by aligning our priorities, coordinating our services more effectively, and removing duplication where it exists. This will include sharing expertise, data, and innovation to improve outcomes and experiences for the people and communities we serve.

Through changes to the local NHS commissioning arrangements, we also have the opportunity to work together to lead the local health and care system, overseeing key operational and improvement work, role modelling behaviours, and bringing other key partners to the table so we can more effectively meet the challenges ahead.

"Our shared approach ... reflects these national priorities, translating them into practical, place-based action that improves outcomes, experience and sustainability for our population.

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> ***The focus is on tackling health inequalities, integrating care and creating a system that prioritises prevention, community-based support and citizen involvement.***

Bradford District and Craven Health, Care and Wellbeing Strategy

In 2025 the Bradford District and Craven Health and Care Partnership launched its new Health, Care and Well Being Strategy. The plan sets out how partners are planning to improve health, care and wellbeing across the region in the next ten years.

The strategy was shaped by citizen-led and community-based engagement, particularly through deliberative co-production work and ongoing involvement of voluntary, community and social enterprise (VCSE) and primary care partners. Engagement focused on the lived experience of inequality, access barriers and prevention, with insights used to shape priorities and service models rather than being a one-off consultation exercise. The focus therefore is on tackling health inequalities, integrating care and creating a system that prioritises prevention, community-based support and citizen involvement.

From April 2027, the responsibility for delivering this ambitious plan will fall to the local Place Provider Partnerships (PPP) to deliver. Delivery of the Health, Care and Wellbeing Strategy at Place level will depend on strong partnership with primary care and the VCSE sector, whose reach into communities is critical to prevention, early intervention and tackling inequalities.

It is imperative therefore that organisational strategies and delivery plans recognise the need to dovetail their thinking with this strategic guidance. Partners within the PPP will need to hold each other to account for the delivery of this plan as well as championing the involvement of others in the plan and acting as the local leads for its adoption across the place.

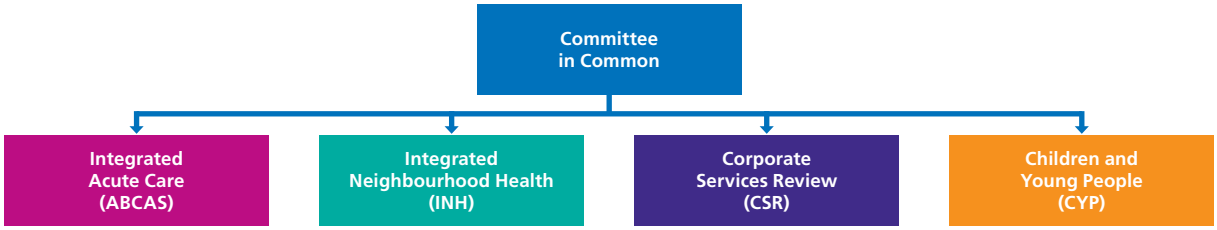
Continued overleaf

Continued

Our Partnership Working

Building on what we are already doing

In 2025/2026, we have already committed to an ambitious programme of collaborative work, overseen through a Committee in Common, which brings the three NHS provider organisations together in a single forum to consider shared priorities and make aligned decisions. While each organisation retains its own statutory responsibilities, the Committee in Common provides a practical way to coordinate planning, oversee joint programmes, and ensure collective leadership across BDC. The structure and work programmes for this is set out below. Collectively, these programmes represent the core place-based priorities for delivering Integrated Acute Care, Integrated Neighbourhood Health, Integrated Children's Services, and a more efficient and sustainable system of corporate support.



The Integrated Acute Care priority is using the Airedale and Bradford Collaboration of Acute Services (ABCAS) programme to help both organisations return to constitutional standards and improve their financial sustainability. Due to the prevalence of Reinforced Autoclaved Aerated Concrete (RAAC) within the hospital building at the Airedale site, it has been confirmed that a new hospital will be built at Airedale, and so the ABCAS work also provides the opportunity to ensure that the two acute providers can collaborate effectively, supporting the planning for how that new hospital will look. This work will complement Integrated Neighbourhood Health and Children and Young People priorities by strengthening acute pathways, interfaces and flow across the wider system.

Integrated Neighbourhood Health (INH) aligns with two of the three national shifts, supporting the transfer of care away from main acute hospital sites and into communities.

To do this it will require all providers to think differently about how they deliver their services and how they can work more effectively with those already working in primary and community care.

The NHS continues to be under significant financial pressure, and so seeking to reduce duplication, avoid cost and consolidate functions where possible is crucial to moving the Bradford District and Craven place into a more sustainable long term financial position. Working with partners, this work will use the **Corporate Services Review (CSR)** as it currently stands and lead the recommended changes that come from this work.

Children and Young People (CYP) is the fourth priority workstream for Place, central to improving long-term outcomes, tackling inequalities and reducing future demand on services. Bradford District and Craven faces significant and growing pressures across children's health, wellbeing and mental health, which cannot be addressed by individual organisations acting alone. A place-based approach enables partners to align pathways, strengthen prevention and early intervention, and design services around families rather than organisational boundaries.

Prioritising Children and Young People alongside Integrated Acute Care, Integrated Neighbourhood Health and the review of corporate services reflects its strategic importance to the sustainability of the system and the future health of the population. Additionally, while governance sits with NHS provider organisations, the Committee in Common work programmes are and will be shaped through engagement with primary care and VCSE partners, recognising their essential role in neighbourhood delivery and population health improvement.

Place Provider Partnership

As part of the changes to the commissioning landscape, by April 2027, all local areas in England, covering populations of around 500,000 are being urged to form Place Provider Partnerships (PPP). These partnerships will take on some of the commissioning, governance and leadership responsibilities that were once held by NHS Integrated Care Boards.

Place Provider Partnerships will work alongside primary care and a range of healthcare support organisations as key partners in delivering integrated, preventative and community-based care, particularly through Integrated Neighbourhood Health and Children and Young People pathways.

PPPs matter because they will offer NHS organisations a practical way to lead change at the scale where people experience care. They are a forum where providers can align their decisions, pool their strengths, and act with a single purpose for a defined population. Place provider partnerships will give organisations a structured way to respond to these pressures collectively, rather than individually absorbing risk and cost.

That shift — from organisations working side-by-side to providers shaping a shared system of care — opens opportunities that individual organisations cannot unlock alone. Some of these opportunities include:

- **Joint data analysis** – allowing for more targeted interventions where they will have the greatest impact.
- **Shared workforce solutions** – encouraging collaboration on recruitment, retention, training, and new roles.
- **Better use of estates and digital infrastructure** – possible rationalisation of estate, shared digital platforms, and more opportunity to invest in technology that improves productivity and patient experience.
- **More efficient use of resources** – by coordinating procurement, clinical support services, and corporate functions, partnerships can reduce duplication and release savings.
- **Innovation at scale** – once tested locally, successful models can be spread across the system more quickly because providers are already working through shared governance and shared priorities.

What we want to achieve and how we are going to do it

Over the next five years, this ambition will contribute to:

- **More care being delivered closer to home, with reduced reliance on acute hospital services.**
- **Improved outcomes and experience for our population, particularly for communities facing the greatest inequalities.**
- **A more resilient and sustainable NHS across Bradford District and Craven.**
- **A system where organisations plan, invest and innovate together rather than in isolation.**
- **Stronger collective leadership and accountability at place level.**

ACTasONE

Our Priorities

> *Transform our workforce approach in supporting delivery of safe, high quality care...*

Safe and Caring

This priority emphasises that at the heart of our work is a commitment to providing safe, effective and compassionate care within the resources we have. High-quality, safe care is the golden thread that runs throughout all our priorities, putting the patient at the centre and underscoring everything we do.

Our Priority areas of focus over the next few years are;

- Providing safe, holistic, personalised care, supporting both mental and physical health needs.
- Developing prevention, self-care, patient and community activation, increasing our offer of care at home or in the most appropriate setting.
- Defining new resilient service models for acute and community care, meeting our population needs and supporting the development of Integrated Neighbourhood Health.
- Using accurate data and continuous improvement to support outcomes.
- Embracing technology and innovation to improve the overall patient experience.
- An ambition to achieve high Care Quality Commission ratings by delivering high quality services.

To achieve this we will;

- Continue to focus on consistent delivery of the key NHS Plan national performance standards around Emergency Department 4 Hour Waits, 18 Weeks Referral To Treatment, Cancer and Diagnostics.
- Progress safety and quality improvement priority areas as defined in the Quality and Safety Strategy, around reducing Healthcare Associated Infections, Falls and Pressure Ulcers, supporting Mental Health, having safe and effective Maternity services and Children and Young People services.
- Progress a multi-year Urgent and Emergency Care (UEC) improvement programme, including the estate expansion of a new Same Day Emergency Care (SDEC) and Acute Frailty Unit, supporting an improvement in patient flow.
- Build on our professional leadership, through a focus on behaviours and culture. This will drive compassionate leadership across our professional workforce, identifying development opportunities through education, mentoring and coaching programmes. Through evidence-based accreditation programmes, we will develop clear standards for professional behaviours.
- Transform our workforce approach in supporting the delivery of safe, high quality care, through the effective use of safe staffing tools and professional judgement, to ensure appropriate skill mix and establishments meet the needs of patients. In doing so, we shall reduce our reliance on temporary staffing, improve retention and staff experience.
- Improve patient and service user experience, through collecting and reviewing a wide variety of feedback mechanisms and utilising and triangulating information from national surveys to support the development of improvement plans and quality improvement objectives.
- Fully embed and deliver the SAFER patient flow principles (Senior Review, Aim, Flow, Early Discharge, Review), reducing the reliance on temporary escalation capacity across the Trust, management of Length of Stay (LOS) and ensure effective Multi-Disciplinary Team (MDT) processes.

- Improve care for patients at the End of Life (EOL). This will see us develop processes to ensure patients and carers have access to care, enabling them to die with dignity in their preferred place, whether that be home, hospice or hospital. We will utilise all our resources to ensure clear, timely pathways, embracing digital innovation and supporting advanced clinical skills.
- Understand the inequalities in the health of our population and the access to health care and services, to develop a waiting well programme to ensure patients waiting for elective treatments are optimised prior to admission and supported to remain well.
- Build and develop an approach to Quality Improvement (QI), with access to training, skills and experience. As part of this, we will build capacity within our ward and departmental teams to embed a QI approach to quality with improvement programmes to address nutrition and hydration.
- Transform Community Services and Pathways, working to fully develop Integrated Neighbourhood services and pathways and collaborating with North Yorkshire County Council specifically in relation to community services and the provision of healthcare within rural communities.
- Progress the development of a Single Point of Access (SPoA) and Virtual Ward, both internally and externally, across Bradford District and Craven with our partners.
- Work with primary care and VCSE partners to identify and support patients who may benefit from proactive intervention, such as the remote monitoring of patients identified to be at high risk of falls.
- Continue to deliver an Urgent Community Response (UCR) service from our Collaborative Care Teams to support patients in their homes, avoiding hospital admission and enabling patients to live independently for longer.
- Embrace technological advances including Artificial Intelligence (AI), such as those which transcribe consultations and improves documentation quality, reducing clinician administrative workloads to focus more on direct patient care. We shall also explore productivity opportunities to expand our use of Robotic Process Automation (RPA) following initial roll-outs including in Urology for prostate cancer.
- Continue to align our patient engagement practices with Martha's Rule, and the principles of the NHS Patient Safety Incident Response Framework (PSIRF), embedding a culture of listening and compassionate communication, ensuring patient and family voices are heard and learned from.
- Shape truly patient-centred care through "What Matters to You" conversations which encourage our teams to understand personal priorities, values and concerns of patients and families.
- Embed priority areas around Maternity services, including listening to women and families, growing and supporting the workforce, developing a safety culture and improving standards.
- Engage stakeholders such as patients, carers, governors, volunteers and community partners through our Patient Experience Groups, to help our teams to review and improve our services through co-production and co-design.
- Continue to recognise and optimise the contribution of our volunteers in enhancing our patient experience journey.

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Working Together

This priority sets out the Trust's commitment to everyone who works across our services. We will support our people, foster a strong sense of belonging, innovate in how we work and deliver care, and sustainably secure our future.

We recognise that our colleagues are central to delivering excellent care for patients and service users. Work is a mutual commitment, and colleagues should be clear and confident about what they can expect from the Trust in recognition of the contribution they make and the value they bring.

These commitments are underpinned by the **National NHS People Promise** — a shared promise to work together to continually improve the experience of working in the NHS for everyone.

Through our People Strategy, the development of our local approach will be set out in more detail. The overall ambition is for Airedale to be a place where:

- People want to join.
- People choose to stay.
- People feel valued, supported and developed.
- Our workforce is ready for a new hospital, new services and new ways of working.

This ambition will be delivered through six strategic people priorities:

1. **Workforce Supply, Stability and Retention**
   Attracting the right people and supporting them to develop and thrive.
2. **Everyday Experience, Wellbeing and Attendance**
   Creating a healthy, supported workforce that consistently delivers safe, high-quality care.
3. **Compassionate, Inclusive and Accountable Leadership**
   Leadership from every seat, taking responsibility for shaping culture and enabling high performance.
4. **Skills, Careers and Future Workforce Readiness**
   Developing the skills, capability and capacity needed for today and tomorrow.
5. **Diversity, Inclusion and Equality of Opportunity**
   Building a workforce where everyone feels they belong and can grow and succeed.
6. **Workforce Transformation, Productivity and Digital Enablement**
   Releasing time for care and making best use of innovation and technology to secure our future.

To achieve this, we will:

- Grow a respectful, inclusive culture that is anti-discriminatory and directly improves colleague experience and patient care.
- Prioritise colleague safety and wellbeing, including physical and psychological safety of our colleagues promoting healthy working practices that support sustainable performance and safe patient care.
- Continue to embed Trust values and behaviours with particular emphasis on listening and communicating, being supportive and approachable and promoting honesty and integrity.
- Develop a system wide Organisational Development plan that supports cultural development, transformation and leadership development.
- Strengthen our approach to inclusion, empowering inclusion networks supported by an active bystander approach for all colleagues.
- Fully embed high-quality apprenticeship and learning opportunities across all staff groups, widening participation for under-represented groups, both in-house and in collaboration with system partners.
- Maximising digital transformation opportunities, including a new national workforce solution.
- Streamline and increase the portability of mandatory training and pre-employment checks for colleagues who move between organisations, in line with national priorities.
- Identifying areas for future collaboration across Bradford District and Craven.

We will continue to develop and deliver our People Strategy in partnership with trade unions, system partners and education partners. Our approach will be co-produced with colleagues, informed by evidence-based practice, and underpinned by clear governance and measurable outcomes.

We will continuously assess our impact, using agreed metrics and assurance arrangements, to ensure we are delivering real and lasting improvements for our people and our patients.

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Driving Ambition

This priority reinforces the need to be progressive in our ambitions, through continuous improvement, innovation and development

Our priority areas of focus are:

- Progressing system working through established partnerships across Bradford District and Craven and West Yorkshire, to design and deliver alternative, advanced, resilient and sustainable services.
- Maximise the Neighbourhood Health and Acute Care opportunities to drive forward integration.
- Progressing opportunities through our established service partnerships.
- Supporting our people, teams, patients and visitors through a period of estate instability, with the ongoing management of the RAAC buildings.
- Maximising the benefits from our New Hospital development, including the anchor role and social value benefit we have and can drive in communities.
- Actively focusing on reducing health inequalities and improving the social determinants of health, incorporating digital inclusion.

To achieve this we will:

- Further enhance our collaborative work across Bradford District and Craven and West Yorkshire systems, creating real opportunity to redesign full pathways, reduce variation and improve outcomes for the population.
- Develop our Place Provider Partnership (PPP) in shadow form during 2026 and actual form in 2027 with a range of health and care partners including BDCFT, BTHFT, Bradford Metropolitan District Council (BMDC), Bradford Children and Families Trust (BCFT), VCSE, care sector and primary care.
- Progress work on integrating acute services with our geographical partner BTHFT through the ABCAS programme.
- Work across the West Yorkshire Association of Acute Trusts on its 2024 to 2029 service collaboration priorities including Pathology, Pharmacy Aseptics, Neurology and Elective Care.
- Support the development of key Integrated Neighbourhood priorities, such as the Keighley Health and Well Being Centre.
- Develop an active programme of communications to enhance engagement work with stakeholders across East Lancashire, ensuring there is connection in planning for service provision for the population of service users from areas such as Colne and Pendle.
- Continue to develop our formal business service partnerships around AGH Solutions Ltd, Immedicare LLP and IPS/ILS Pathology Joint Venture, maximising the opportunities around both service and business delivery.
- Plan and manage an annual programme of RAAC works, to allow service continuity on the Airedale site until the new hospital build is completed.

Continued overleaf

Continued

Driving Ambition

- Plan and manage the significant activity required to enable the once in a generation opportunity to design and build an entirely new hospital.

  A new hospital empowers us to think differently about how we deliver safe, sustainable, responsive care, to explore what can be delivered in our communities or could benefit from a move away from an acute site.

  During the period of this Strategy we will see significant steps forward towards the new hospital build. Key objectives and milestones include;

  - Between 2026 and 2028, significant enabling works and site preparation, including the construction of a new multi-storey car park, power upgrade, second entrance and new perimeter road.
  - Significant new hospital planning work leading to the development of the Outline Business Case (2027) and Full Business Case (2028) for the New Hospital Programme.
  - The development of a Target Operating Model (TOM) that ensures the new build is based on service flows that specifically require acute based care, alongside community service elements.
  - Progress a significant programme of transformation in preparation for operational readiness of both the new hospital and community service provision.
  - Wide scale community engagement and promotional work towards the new hospital plans, linked to gaining support through the required Local Authority planning applications.
  - Commencement of new hospital build during 2028/2029.
  - Development of improved transportation opportunities in conjunction with the Combined Authorities .
  - Development of our approach to Social Value linked to the new hospital opportunities covering four key domains:
    - Developing future skills linked to education and employment opportunities;
    - Collaborative working to capitalise on health;
    - Well-being and supply chain opportunities;
    - Net Zero opportunities and Biodiversity ambitions.
  - Supporting the Bradford District Regeneration and Growth Plan in the document, with the new hospital development being one of Seven Big Game Changers.
- Develop a structured programme of work to support improvement in health inequalities for the Core20 Plus5 national programme priorities, with plans for ambassadors progressed.

  The work will build on local Health Inequalities Boards and collaboratives, include links to research and also cover inequalities experienced by our people.

  Integration across health, care, VCSE and local authority partners will be essential to address health and digital inequalities, and will underpin future successes with Neighbourhood Health and Community Partnership models.

Sustainable Transformation

This priority recognises we are in a period of significant transformation, to support and improve the delivery of high quality, sustainable care.

Transforming our services not only improves the care and experience we give our patients, it also drives efficiencies to support working within our budgets. This is about longer term planning, keeping our services sustainable and protecting the care our communities rely on.

Our priority areas of focus are;

- Harnessing a considerable era of transformation.
- Achieving progressive and innovative new practice.
- Managing financial recovery and sustainability.
- Reducing our environmental impact and promoting sustainability initiatives.
- Prioritising digital investment, including Artifical Intelligence (AI), to underpin service delivery and realise efficiencies.
- Enhance our digital service offer including through our established Digital Care Hub (DCH), a new Electronic Patient Record (EPR) and remote monitoring and wearables for patients.

To achieve this we will:

- Transform the way we are providing care, developing our approach to improvement that is aligned with work in our wider health and care system. This shall be used as a vehicle for progressing the integration opportunities across both multi-professional teams and geographical boundaries, ensuring the development and innovation opportunities strengthen services for patients and teams.
- Continue to use the NHS Model Hospital and Patient Level Information Costing System (PLICS) to identify ways to deliver more with reducing budgets, supporting a more productive and efficient Trust, with financial balance achieved by 2028/2029.
- Deliver key priorities around the Trust Digital Strategy domains including:
    - Feeding into new hospital designs to ensure a digitally enabled SMART hospital, which is well suited to meet the needs of the local population over the coming decades.
    - Increased digital connectiveness between care providers and teams that will make patient pathways safer and more joined up, ensuring service users have a seamless digital journey and are empowered to manage their healthcare.
- The implementation of a new Electronic Patient Record during 2026 is a key strategic priority, realising the benefits this brings in the years beyond this. Once in place, our EPR will support safer care, more efficient working and will give us the digital foundation we need for our future ambitions.
- Elevating our digital maturity and innovation, building on our well established service offers such as the Digital Care Hub alongside recent service developments such as Robotic Process Automation, transforming how we work and improving safety.
- Ensuring digital advancement is used as an enabler to support wider system integration opportunities.
- Ensuring equity, access and respect for diversity, including a specific focus on cultural needs.
- Capitalise on the wider benefits from digital technology, such as robotic surgery.

Continued overleaf

"The new hospital requires us to think differently about how we deliver safe, sustainable, responsive care...

Continued

Sustainable Transformation

- Achieve Green Plan priorities for workforce and system leadership, sustainable models of care, digital transformation, travel and transport, estates and facilities, medicines, supply chain and procurement, food and nutrition and climate adaption. Longer term, the design of the new hospital brings opportunities to reduce carbon emissions through on-site renewable energy systems, low carbon construction and modern methods of construction, promotion of circular economy principles and investment in biodiversity.
- During the period of this Strategy, the Trust will work towards an overall 6.2% reduction in our carbon footprint emissions by 2028, to remain on schedule to achieve the NHS net zero standards. The main priority areas supporting this are continuing to move away from both gas boilers and emissive medical gases which significantly lower emissions and through supplier engagement to ensure sustainable procurement will mitigate high level of emissions.

> ***...the Trust will work towards an overall 6.2% reduction in our carbon footprint emissions by 2028, to remain on schedule to achieve the NHS net zero standards.***

Supporting Strategies

Following publication of this Trust Strategy 2026 to 2030, we will review and update the Supporting Strategies that underpin the delivery of this overarching approach.

These are shown below and shall work to the same five year period 2026 to 2030.

The Supporting Strategies set out the further detail on how we plan to deliver our priorities. All of these have an equal importance and significance in supporting delivery of our ambitions.

These align with the supporting strategies underpinning the Securing the Future new hospital programme, which will be further developed and refined over the next five years.

There will be the opportunity for all stakeholders to get involved in and contribute to shaping these key approaches.

The Supporting Strategies set out the further detail on how we plan to deliver our priorities.

Our Values and Behaviours

We deliver our Values through the Behaviours we display and the way we work, individually, with each other, together, every day. We all need to take responsibility for delivering safe, high quality patient care and experience.

The Values and Behaviours were developed previously with staff across the Trust, to describe what we all need to demonstrate and develop in our practice.

In this Strategy we have retained the established priorities to underpin the way in which we shall go about delivering our ambitions.

Values and behaviours

Our values

(What)

- Commitment to quality of care.
- Compassion.
- Working together for patients.
- Everyone counts.
- Respect and dignity.
- Improving lives.

Our behaviours

(How)

- Listening and communicating.
- Supportive and approachable.
- Honesty and integrity.
- Even-handed and encouraging.
- Patient-centred and compassionate.
- Leading by example and being self-aware.

Implementation and Review

This Strategy is to be used as the basis for guiding our planning, prioritisation, decision-making and delivery. Examples of this include;

This is how we intend to make this Strategy real, guiding the way we go about being an integrated acute and community services provider for our population. It will be used to determine our strategic objectives each year and be the way we assess the progress we are making.

A structured approach to balancing the different elements, such as around quality, safety, performance, people and financial sustainability will continue to be required.

To keep the Strategy live, a review of progress against each of the key priority areas shall be completed twice per year.

"To keep the Strategy live, a review of progress against each of the key priority areas shall be completed twice per year.

Thriving people,
healthy communities

Getting In Touch

For more information or if
you have any questions contact:

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